

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Support Enforcement

NON-CUSTODIAL PARENT REQUEST FOR ADMINISTRATIVE REVIEW

Arizona law allows you to ask the Division of Child Support Enforcement to do an administrative review if DCSE takes action against you. If you want to ask for administrative review you must fill out this form and return it to the address below, with a copy of the notice you received within the number of days stated on the notice. **YOU CANNOT REQUEST AN ADMINISTRATIVE REVIEW BY TELEPHONE.**

Name _____

Address _____

City _____ State _____ Zip Code _____

ATLAS No. _____ Date of Action _____

I am asking for an administrative review because DCSE took the following action against me:

- | | |
|--|---|
| <input type="checkbox"/> Federal tax refund intercept | <input type="checkbox"/> Real property or Motor Vehicle Division lien |
| <input type="checkbox"/> State tax refund intercept | <input type="checkbox"/> Lottery winnings |
| <input type="checkbox"/> Unemployment insurance benefits intercept | <input type="checkbox"/> Worker's compensation |
| <input type="checkbox"/> Stop or modify income withholding order | <input type="checkbox"/> Federal administrative offset |
| <input type="checkbox"/> Credit reporting | <input type="checkbox"/> Passport denial |
| <input type="checkbox"/> Driver's / professional license suspension | <input type="checkbox"/> Income withholding order |
| <input type="checkbox"/> Limited income withholding order | <input type="checkbox"/> Bank account seizure |
| <input type="checkbox"/> Transfer of support rights to another payee | <input type="checkbox"/> Medical support enforcement |

Why I am asking for an Administrative review (*proof must be attached for any of these reasons*):

- ☐ This is a mistake in identity.
- ☐ The child(ren) is/are emancipated, deceased or adopted.
- ☐ I do not owe **any** past-due support.
- ☐ My court order was changed, DCSE records do not show these changes.

I have attached the following information to prove my claim:

- ☐ Canceled checks or receipt(s) for child support payments made directly to the other parent.
- ☐ Signed/notarized statement(s) by the custodial person about direct payments.
- ☐ Birth / death / marriage certificates
- ☐ Court order with a change to the amount of child support, a change of custody or an adoption
- ☐ School or daycare record(s) showing that I have physical custody.
- ☐ Other document(s) that will assist DCSE _____

Signature of person requesting administrative review

**SEND COMPLETED FORMS TO: DCSE Administrative Review Unit
P.O. Box 40408
Phoenix, AZ 85067
Fax: 602-771-9493**

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Child Support Enforcement at 602-252-4045; TTY/TDD Services: 7-1-1.